

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1, 2, and 3. Also complete items 4 and 5 if Restricted Delivery is desired.</p> <ul style="list-style-type: none"> ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, if space permits if space permits. 		<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>MAY 02 2000</p> <p>C. Signature <i>David Barasch</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>[REDACTED]</p> <p>David Barasch, U.S. Attorney P.O. Box 11754 Harrisburg, Pa. 17108</p> <p>[REDACTED]</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p>110-00-7025-C-0100 51-00</p>			

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

FILED
HARRISBURG, PA

MAY 08 2000

MARY E. D'ANDREA, CLE
per *gj*
Deputy Clerk

Show Cause
Order of
5-1-00